APPENDIX G (NEW FORM)

Cumberland County Government

Professional Development & Training Request Form

Employee:_____ **Department/Division:** _____

Date of Request: _____ **Education Credits / Hours for Professional Certification?** ☐ **Yes** ☐ **No**

Format: ☐ **Classroom** ☐ **Conference** ☐ **Workshop/Seminar** ☐ **Other** **Virtual?** ☐ **Yes** ☐ **No**

Organization/Association hosting the Training: _____

Name of Event/Conference: _____ **Training Date(s)/Time(s):** _____

Location: _____ **Other Information:** _____

Purpose of Training:

_____

_____

_____

Estimated Total Cost: $_____ **Budgeted/Planned Expense?** ☐ **Yes** ☐ **No**

Breakout of Cost:

Registration Fee: **$**_____

Meals: **$**_____

Mileage/Transfers: **$**_____

Travel/Airfare: **$**_____

Lodging: **$**_____

Meals

In-State (1 Day) Lunch $20, Dinner $30

In-State (Multi) B - $15, L-$20, D-$30

Out of State (up to) – B- $15, L- $20, D-$30

Required signatures for approval:

DH/Supervisor _____ **Date:** _____

County Manager _____ **Date:** _____